



An Exploration of Investigations with Primary Caregivers with Mental Health Concerns in Ontario in 2013

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Introduction

The Ontario Incidence Study of Reported Child Abuse and Neglect, 2013 (OIS-2013)¹ is the fifth provincial study to examine the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare authorities in Ontario. This Information Sheet examines primary caregivers with mental health concerns in Ontario, as noted by the investigating worker.

Findings

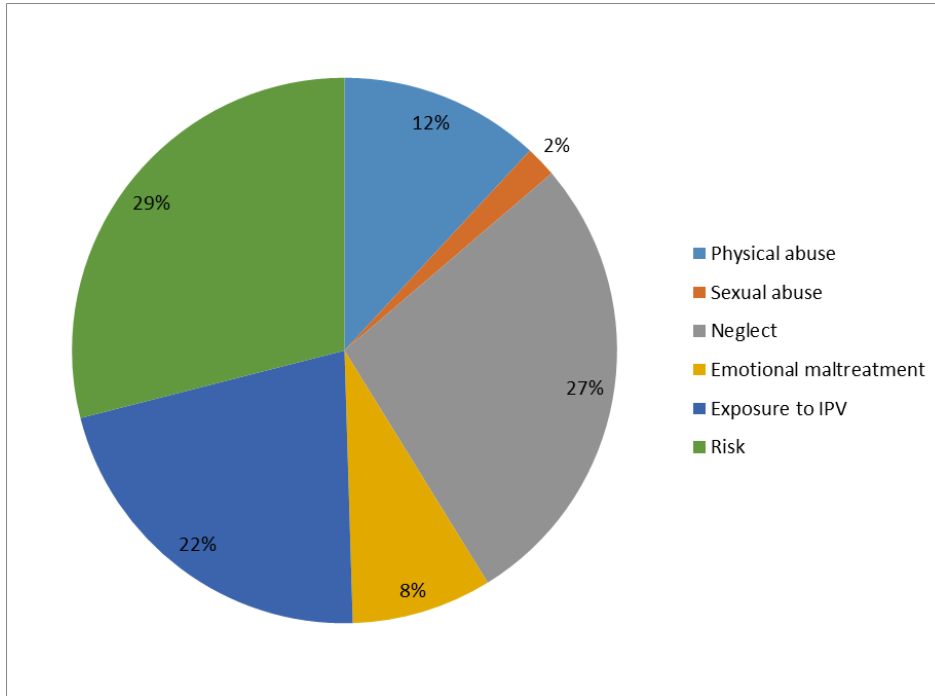
There were an estimated 125,281 maltreatment-related investigations conducted in Ontario in 2013. In 21% of investigations (an estimated 26,077), the investigating worker noted mental health concerns for the primary caregiver.

When examining the estimated 26,077 investigations with noted mental health concerns for the primary caregiver, risk of future maltreatment was the most commonly investigated (29%) followed by neglect (27%) and exposure to intimate partner violence investigations (IPV) (22%). Physical abuse was the primary form of maltreatment investigated in 12% of these investigations whereas emotional maltreatment accounted for 8% and sexual abuse accounted for 2% (see Figure 1).

¹ Fallon, B., Van Wert, M., Trocmé, N., MacLaurin, B., Sinha, V., Lefebvre, R., et al. (2015). *Ontario Incidence Study of Reported Child Abuse and Neglect-2013 (OIS-2013)*. Toronto, ON: Child Welfare Research Portal.

Figure 1.

Investigation type among investigations with a primary caregiver with a noted mental health concern in Ontario in 2013



In addition to mental health concerns, investigating workers were also asked to note the following risk factors for the primary caregiver: alcohol abuse, drug/solvent abuse, cognitive impairment, physical health issues, few social supports, victim of IPV, perpetrator of IPV, and history of foster care/group home. Figure 2 shows a visual representation of the proportion of primary caregivers with these risk factors among those with mental health concerns compared to those without noted mental health concerns. Primary caregivers with mental health concerns were more likely to have all the other risk factors noted by the investigating worker compared to primary caregivers without noted mental health concerns. For example, among primary caregivers with noted mental health concerns, almost half (48%) also experienced few social supports (compared to 19% of primary caregivers without noted mental health concerns) and 32% were victims of intimate partner violence (compared to 25% of primary caregivers without noted mental health concerns). Please see Figure 2.

Figure 2.

Primary caregiver risk factors by whether the primary caregiver had a noted mental health concern in Ontario in 2013

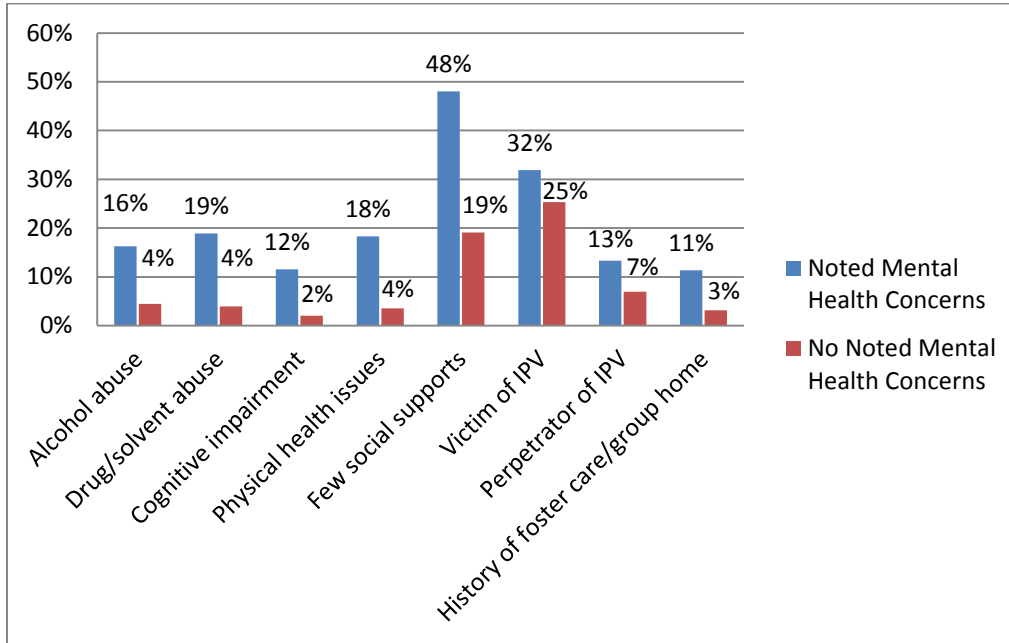
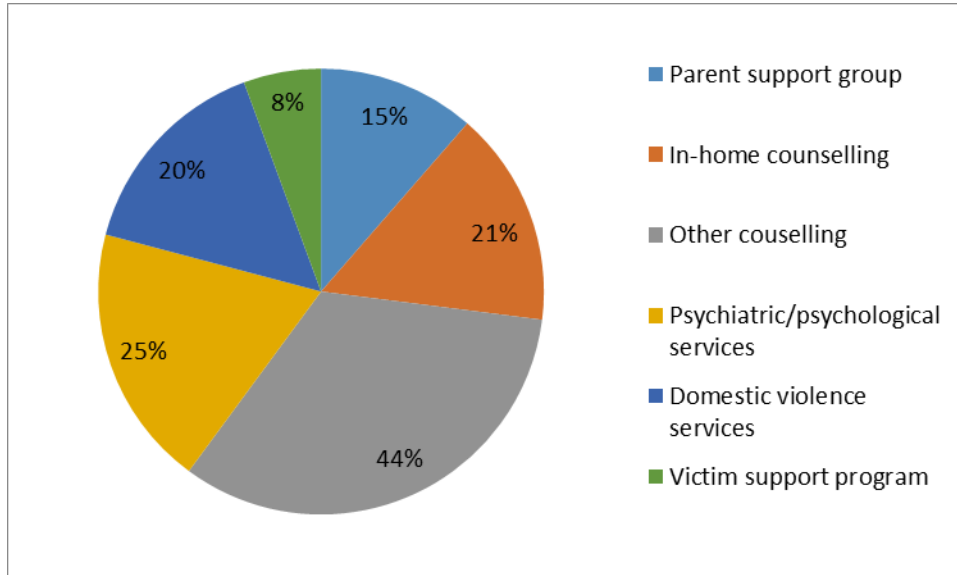


Figure 3 depicts the referrals to specialized services among investigations where the primary caregiver was noted to have mental health concerns. These investigations were more likely to have been referred to at least one specialized service than investigations where no mental health concerns were noted for the primary caregiver. Among investigations with primary caregivers with noted mental health concerns, 44% had a referral made to ‘other counselling’, 25% to psychiatric/psychological services, 21% to in-home counselling, 20% to domestic violence services, 15% to a parent support group and 8% to a victim support program (see Figure 3).

Figure 3.

Referrals to specialized services among investigations with a primary caregiver with a noted mental health concern in Ontario in 2013



Workers were asked to indicate whether the household ran out of money for food, housing, and/or utilities in the past 6 months. In the majority of investigations, the household did not run out of money for their basic necessities, regardless of whether there were noted mental health concerns for the primary caregiver. However, a larger proportion of households ran out of money for basic necessities when there was a noted mental health concern for the primary caregiver. Specifically, in 13.4% of investigations with a primary caregiver with a noted mental health concern, the household ran out of money for food, compared to 4% of investigations with a primary caregiver without mental health concerns. Similarly, in 10% of investigations with a primary caregiver with a noted mental health concern, the household ran out of money for housing, compared to 2% of investigations with a primary caregiver without mental health concerns. In approximately 9% of investigations with a primary caregiver with a noted mental health concern, the household ran out of money for utilities, compared to 3% of investigations with a primary caregiver without mental health concerns.

Background

Due to changes in investigation mandates and practices over the last 15 years, the OIS-2008 and OIS-2013 differed from previous cycles in that they tracked both risk-only investigations and maltreatment investigations. Risk-only investigations were those in which a specific past incident of maltreatment was not suspected or alleged to have occurred, but rather a constellation of factors lead to concerns that a child may be maltreated in the future (e.g., caregiver with a substance abuse issue).

Methodology

The OIS-2013 used a multi-stage sampling design to select a representative sample of 17 child welfare agencies in Ontario and then to select a sample of cases within these agencies. Information was collected directly from child protection workers on a representative sample of 5,265 child protection investigations conducted during a three-month sampling period in 2013. This sample was weighted to reflect provincial annual estimates. After two weighting procedures were applied to the data, the estimated number of maltreatment-related investigations (i.e., maltreatment and risk-only investigations) conducted in Ontario in 2013 was 125,281.

Workers were asked to provide information about caregiver risk factors. For each of the nine risk factors, the workers were asked to choose “confirmed”, “suspected”, “no” or “unknown”. For the purposes of this analysis, confirmed and suspected answers were grouped as noted mental health concerns and suspected and unknown answers were noted as no mental health concerns.

For maltreatment investigations, information was collected regarding the primary form of maltreatment investigated as well as the level of substantiation for that maltreatment (substantiated, suspected, or unfounded). Thirty-two forms of maltreatment were listed on the data collection instrument, and these were collapsed into five broad categories: physical abuse (e.g., hit with hand), sexual abuse (e.g., exploitation), neglect (e.g., educational neglect), emotional maltreatment (e.g., verbal abuse or belittling), and exposure to intimate partner violence (IPV) (e.g., direct witness to physical violence). Workers listed the primary concern for the investigation, and could also list secondary and tertiary concerns.

For each risk investigation, workers determined whether the child was at risk of future maltreatment. The worker could decide that the child was at risk of future maltreatment (confirmed risk), that the child was not at risk of future maltreatment (unfounded risk), or that the future risk of maltreatment was unknown.

Workers were asked to provide information on various other aspects of their investigation, including the characteristics of the household, caregivers, and child subject of the investigation, the history of previous child welfare case openings, and the short-term child welfare service dispositions.

Limitations

The OIS collects information directly from child welfare workers at the point when they completed their initial investigation of a report of possible child abuse or neglect, or risk of future maltreatment. Therefore, the scope of the study is limited to the type of information available to them at that point. The OIS does not include information about unreported maltreatment nor about cases that were investigated only by the police. Also, reports that were made to child welfare authorities but were screened out (not opened for investigation) were not included. Similarly, reports on cases currently open at the time of case selection were not



included. The study did not track longer-term service events that occurred beyond the initial investigation.

Three limitations to estimation method used to derive annual estimates should also be noted. The agency size correction uses child population as a proxy for agency size; this does not account for variations in per capita investigation rates across agencies in the same strata. The annualization weight corrects for seasonal fluctuation in the volume of investigations, but it does not correct for seasonal variations in types of investigations conducted. Finally, the annualization weight includes cases that were investigated more than once in the year as a result of the case being re-opened following a first investigation completed earlier in the same year. Accordingly, the weighted annual estimates represent the child maltreatment-related investigations, rather than investigated children.

Comparisons across OIS reports must be made with caution. The forms of maltreatment tracked by each cycle were modified to take into account changes in investigation mandates and practices. Comparisons across cycles must in particular take into consideration the fact that the OIS-2008 was the first to explicitly track risk-only investigations.

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